

SENT VIA EMAIL OR FAX ON
Mar/12/2010

Applied Assessments LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management X 10 sessions

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Chiropractor
AADEP Certified
Whole Person Certified
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 1/8/10 and 1/21/10
11/18/09 thru 2/11/10
FCEs 11/18/09 and 5/12/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx when attempted to sit down in a chair that was broken and fractured his coccyx. He has had 2 steroid injections,

15 sessions of therapy, pharmaceutical management, x-rays, FCE, psychological evaluation, orthopedic evaluation, and pain management evaluation. A 10 day trial of chronic pain management is now being requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The injured employee currently does meet the required guidelines for the minimum 10 sessions of chronic pain management.

The injured employee meets the guideline criteria as listed below numbers 1 through 11. The numbers correspond with the ODG criteria numbers

1. Chronic pain syndrome with pain beyond 3 months duration,(a) uses prescription drugs, (b) has a dependency on health care providers, (c) de-conditioned per FCE, (d) withdrawal from work and social contacts, (e) not at pre-injury status, (f) developed psychosocial sequelae see psychological interview, (g) does not have a personality disorder.
2. Loss of function per FCE.
3. Prior methods of chronic pain have been unsuccessful
4. Not a candidate for additional injections, as he had 2 LESI, or surgery, as patient was seen by Orthopedic surgeon
5. Has undergone a multidisciplinary evaluation
6. Is willing to decrease medication
7. Negative predictors are being addressed.
8. Timing of program
9. Treatment is not suggested longer than 2 weeks.
10. Total treatment not to exceed 20 sessions.
11. No re-enrollment in same or similar program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)